



**Town of Acton**  
**Department of Public Health**  
472 Main Street, Acton, MA 01720  
Phone: (978) 929-6632 Fax: (978) 929-6340  
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**ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER**

Facility Name: Acton Truck and Equipment Date 5/30/2014  
Address: 42 Knox Trail  
Type of Business: Truck Repair  
Telephone: 978-897-6300 Email: Tomames1@yahoo.com  
Contact Person: Tom Ames Initial Inspection ☒ Re-Inspection ☐

Housekeeping:	Y	N	Comments
Area clean	<input checked="" type="checkbox"/>		
Spills present		<input checked="" type="checkbox"/>	
Appropriate material storage	<input checked="" type="checkbox"/>		New double walled tank. Not in use yet
Materials and wastes separate	<input checked="" type="checkbox"/>		
Cleanup materials available	<input checked="" type="checkbox"/>		
Materials have secondary containment	<input checked="" type="checkbox"/>		
Materials and wastes are labeled	<input checked="" type="checkbox"/>		
<b>Safety:</b>			
Are MSDS sheets available on site	<input checked="" type="checkbox"/>		
Employee personal protective equipment on site	<input checked="" type="checkbox"/>		
Employees trained in Haz Mat handling	<input checked="" type="checkbox"/>		
Emergency procedures posted	<input checked="" type="checkbox"/>		
<b>Site Management:</b>			
Waste removed by licensed hauler		<input checked="" type="checkbox"/>	Burned- collect from ac septic, ABC
Floor drains present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Sinks present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Testing of septic system necessary		<input checked="" type="checkbox"/>	
Does site plan on file reflect current arrangement	<input checked="" type="checkbox"/>		
Any UST (underground storage tank) present		<input checked="" type="checkbox"/>	
If UST present, is it alarmed		<input checked="" type="checkbox"/>	

**Action Items:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Re-inspection required? Yes ☐ No ☒

Re-inspection Date: \_\_\_\_\_

Inspector Signature \_\_\_\_\_

Date \_\_\_\_\_

Facility Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

D.H.  
6/2/14